

State of Maine
Office of the Attorney General
Public Protection Division
Consumer Information & Mediation Service
6 State House Station
Augusta, ME 04333-0006

G. Steven Rowe
Attorney General

Office Use Only

PYRAMID COMPLAINT FORM

Date sent	Initials	Em	Intake Ph L Wi	Data on file Y N	Complaint #	Mediator
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Please answer the questions below as completely as possible.

Name of person you gave money to: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____

Your name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: Work _____ Home: _____

Name of the person who started the pyramid in your area

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____

What is the name of the pyramid you are involved in?

How much did you pay into the pyramid? \$ _____

What date did you make the payment? _____

Did you ever reach the top of the pyramid and receive any money? Yes _____ No _____

If yes, how much money did you receive? \$ _____

Have you asked for the return of your money? Yes _____ No _____

What was the response? _____

PLEASE COMPLETE THE OTHER SIDE

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines running across the width of the page. The lines are thin and consistent in thickness. There is no handwriting or other markings on the paper.

Today's date: _____ Your Signature: _____